In 2010, the Ministry of Health (MoH) requested USAID for technical assistance to implement interventions to improve HIV/AIDS services in the health system. Assessments revealed that fragmentation of the pharmaceutical system contributed to stock-outs and expiration of antiretroviral (ARVs) and other medicines and supplies used by disease control programs (DCPs). The implementation of an integrated system was proposed as the most effective and sustainable alternative to confront the HIV/AIDS pharmaceutical supply problems. Since 2011, the MoH with the support of USAID is partners in integrating vertical DCPs services – including tuberculosis and other pharmaceutical management system (SUGEMI, in Spanish). The implementation of SUGEMI included: (1) an evidence-based for the design of the system and implementation of particular interventions; (2) institutional strengthening of national and provincial health authorities; (3) development and implementation of standard operating procedures (SOPs). Since 2014, the HIV/AIDS program has moved the ARVs from program specific stores to integrated warehouses; their personnel is trained on standardized SUGEMI formularies for requisition and delivery; and, has participated in national forecasting exercises leading to the procurement of quantities of ARVs, closer to the estimated needs of the patients. As a result of these interventions in 2014 and 2015, the availability of ARVs has increased from 75% to 95% of SoC facilities and 70% to 100% in central warehouse. Simultaneous interventions in various pharmaceutical management components, within an integrated national pharmaceutical system, contributed to increase the availability of ARVs in the Dominican public health system.

**PHP535**

### HEALTH TECHNOLOGY ASSESSMENT PRACTICES IN TURKEY

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The Ministry of Health of Turkey has a systematic tool that places a high value on improving health care in all areas. The Ministry has initiated a project called “Health Transition” which has some sub-components to provide the above-mentioned goal. A number of national priorities have been established for these components, one of which is to address health technology assessment (HTA). Health technology covers a variety of practices including pharmaceuticals, medical devices, surgical methods and health systems that are used for protecting and promoting health, and preventing, the averting and curing of diseases. Health Economics and in particular HTA is also a high priority for the European Union (EU) as stated in the 15th article of the directive 2011/24/EU related to the application of patients’ rights in health care in all areas. The Ministry has initiated a project called “Health Transition”, which has some sub-components to provide the above-mentioned goal. A number of national priorities have been established for these components, one of which is to address health technology assessment (HTA). Health technology covers a variety of practices including pharmaceuticals, medical devices, surgical methods and health systems that are used for protecting and promoting health, and preventing, the averting and curing of diseases. Health Economics and in particular HTA is also a high priority for the European Union (EU) as stated in the 15th article of the directive 2011/24/EU related to the application of patients’ rights in health care in all areas. Despite HTA being a high-value specialty, the Turkish health care system has just newly developed its HTA perspective. Even though the system has been put in place recently and somehow fragmented between different institutions, HTA department in Turkey has conducted some research and reported on HTA-related devices and procedures for some years. This HTA system has yet been concluded. It is also an active member of European Health Technology Assessment Network by having roles and responsibilities in working packages and authoring HTA reports. This system is however not currently facing some new situation of Turkish Health Technology Assessment capacity has been discussed and some information has been given regarding the efforts of cohesion between EU and international society.

### PHP536

**EVALUATION OF AVERAGE COST-EFFECTIVENESS RATIOS OF STANDARDS OF CARE ACROSS DIFFERENT INDICATIONS**

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OBJECTIVES: Cost-effectiveness evaluations of new products are currently entirely focused on incremental cost-effectiveness ratios (ICERs) calculated over the standard of care (SoCs), and do not take into consideration the cost-effectiveness inherent to the SoCs themselves. We argue that the average cost-effectiveness of the SoC, expressed as a ratio of the difference in costs between the SoC and the best treatment/supportive care (NT/BSC), to the difference in outcomes, or the ACER, merits regular evaluation to enable comparison of value being derived from healthcare across different indications.

METHODOLOGIES: To compare the costs associated with the SoC, and the benefits accrued were compared with that of NT/BSC applicable to each indication, based on inputs derived from previously accepted NICE evaluations. This exercise was carried out over 25 different indications spread across cancers, endocrine disorders, infectious diseases and immune disorders. RESULTS: ACERs varied considerably, from a low of £717 (influenza in elderly) to the high seen in Prader-Willi syndrome of £148,675 with a mean of £33,700 and median of £27,190. ACERs in endocrinology ranged from £25,485 to £74,423. The study results highlight that had the highest quality of care (EWI). This research will open the discussion about the relevance of quality indicators in health and their relation to the participation of affiliates in the contributory and subsidized regimen (CR-SR), in order to show that the number of members of the SGSSS at the departmental level in a national forecasting exercises leading to the procurement of quantities of ARVs, closer to the estimated needs of the patients. As a result of these interventions in 2014 and 2015, the availability of ARVs has increased from 75% to 95% of SoC facilities and 70% to 100% in central warehouse. Simultaneous interventions in various pharmaceutical management components, within an integrated national pharmaceutical system, contributed to increase the availability of ARVs in the Dominican public health system.